

# Racism and health impacts for mothers and babies



Health Pregnancies Education Day  
April 10 2018

*Donna Cormack*

# Ngā mihi

- Tēnei te mihi aroha ki ngā whānau, ngā mātua, ngā pēpi hoki
- Te Kupenga Hauora Māori, University of Auckland
- Te Rōpū Rangahau Hauora a Eru Pōmare, Department of Public Health, University of Otago, Wellington
- The views expressed in this presentation are my own

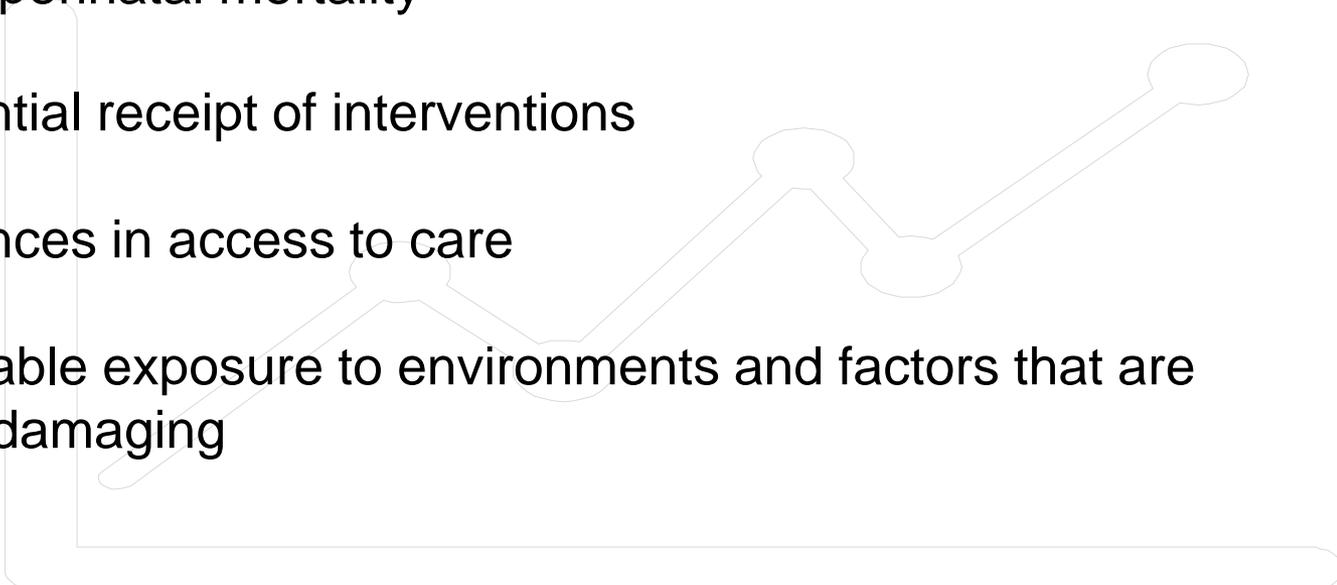
# Context

- Stark inequities in health determinants, exposures and outcomes
- Differential access to and quality of healthcare
- Continuation of colonial practices and processes in health system structures, policies and services



# Context

## Inequities in Māori maternal and infant health

- Higher maternal mortality
  - Higher proportion of low birth weight babies
  - Higher perinatal mortality
  - Differential receipt of interventions
  - Differences in access to care
  - Inequitable exposure to environments and factors that are health-damaging
- 

# Context

- Rights to health
- Rights to freedom from racial discrimination
- Rights to equity
- Rights to self-determination

# Racism as a health determinant

- Racism is a complex phenomenon that involves a set of beliefs (ideology) within which social groups are constructed as 'racial'/'ethnic' and the practices and actions that flow from this belief system (Garner 2010; van Dijk 1993)
- Racism is a system that is characterised by unequal, racialised power relations
- Racism produces inequities that manifest as disadvantage for some groups and privilege for others

# Racism as a health determinant

- Racism is increasingly acknowledged as a health determinant that drives ethnic health inequities
- Large body of research documenting the health impacts of racism internationally
- Consistent negative effects on mental health, physical health, biological/physiological markers, and factors that are health-damaging

Sources: Paradies 2006; Paradies et al 2008; Paradies et al 2015; Pascoe & Richman 2009; Williams & Mohammed 2013

# How does racism impact health?

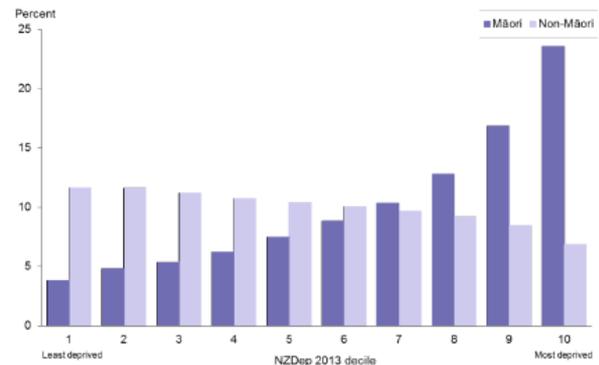
- Racism drives differential access to societal resources and health determinants (e.g. poverty, unsafe environments, employment, and incarceration)
- Racism can have immediate and direct physical and psychological effects (e.g. from racially-motivated hate crimes, violence and harassment)
- Racism can operate as a chronic stressor with health impacts (e.g. physiological, psychological and health practices)
- Racism can directly and indirectly influence health care access and quality

Sources: Ahmed et al 2007; Krieger 2000; Mays et al 2007; Paradies et al 2015; Williams & Mohammed 2013

# Racism and health determinants

- Racism drives differential access to societal resources and health determinants
- Māori have greater exposure to environments and factors that are health-damaging and harmful

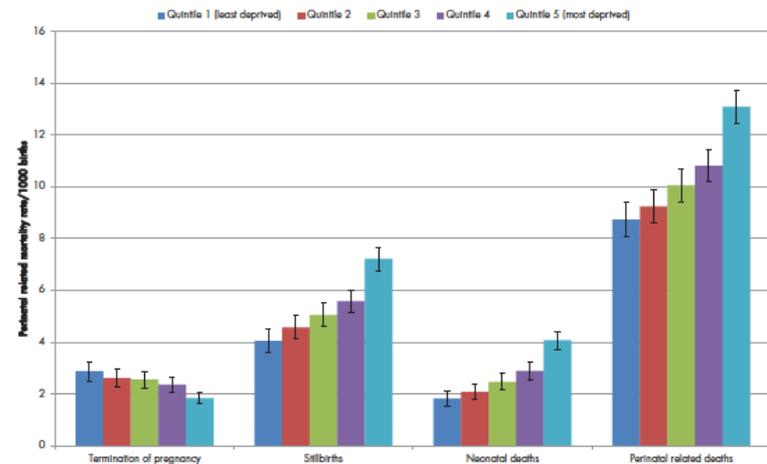
Figure 4: Neighbourhood deprivation distribution (NZDep 2013), Māori and non-Māori, 2013



Note: Crude rates and prioritised ethnicity have been used – see 'Ngā tapuae me ngā rauanga: Methods and data sources' for further information.

Source: Atkinson et al 2014

Figure 1.19: Perinatal related mortality rates (per 1000 births) by deprivation quintile (with 95% CIs) 2007–2014



Source: Ministry of Health 2015

Source: PMMRC 2016

# Racism as a chronic stressor

- Racism can operate via chronic stress pathways
- Chronic exposure to racial discrimination at structural and interpersonal level impacts on Māori over their lifecourse and inter-generationally
- Racial discrimination experienced by mothers has been associated with negative outcomes for mothers and babies overseas and internationally

# Racism as a chronic stressor in Aotearoa

Bécares & Atatoa-Carr (2016) found associations between mother and partner experiences of racism and pre- and post-natal maternal mental health in Aotearoa NZ

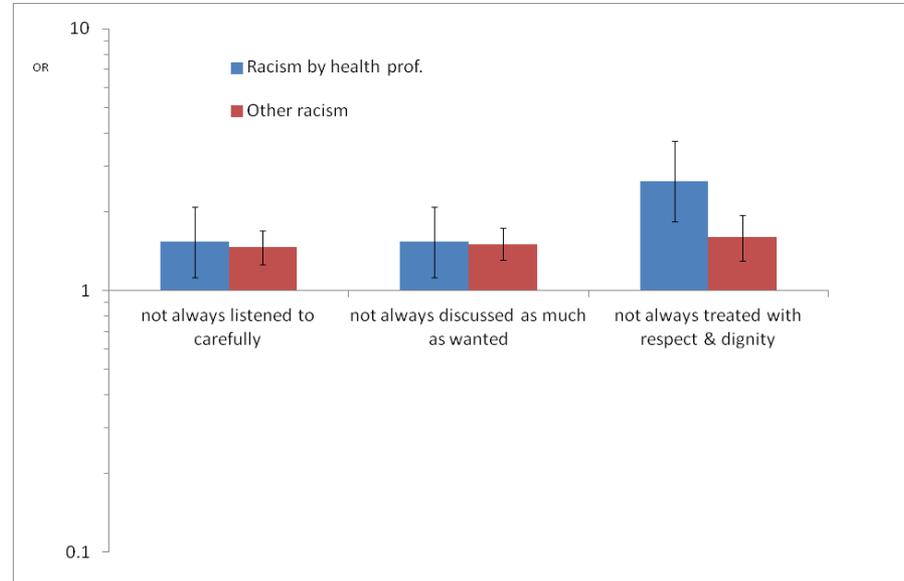
- ▷ Personal attack and unfair treatment increased likelihood of negative mental health outcomes

Thayer & Kuzawa (2015) found associations between racism and maternal evening cortisol in pregnancy

# Racism and health care access and quality

- Racism can directly and indirectly influence health care access and quality
- Racism has been associated with negative healthcare experiences

06/07 NZHS: associations between racism and negative patient experience



Source: Harris et al 2012b

# Racism and health care access and quality

- Caregiver experiences of racism have been associated with health care for children
  - ▷ 27% of Māori caregivers reported 'any' experience of racism (11/12 NZHS), compared with 9% for European/Other caregivers
  - ▷ Caregiver racism was associated with a higher likelihood of reporting unmet need for child's healthcare (OR 2.30, 95% CI 1.65 – 3.20)
  - ▷ Caregiver racism was associated with higher likelihood of being dissatisfied with child's medical centre (OR 2.00, 95% CI 1.26 – 3.16)
  - ▷ Greater exposure to racism associated with greater impact

# Racism and health care access and quality

“Societal racism interacts with clinicians’ perception of patient race and common social-cognitive processes to influence *clinicians’ implicit and explicit beliefs about, feelings towards, and expectations of patients independent of other patient and clinician characteristics*” (van Ryn 2011, et al: 204).

# Racial/ethnic bias and healthcare

- Racial/ethnic biases may impact on both the **healthcare encounter** (through influencing both provider and patient behaviour or feelings) and **decisions about care** (by both the provider and the patient) (van Ryn & Fu 2003)
- Racial/ethnic biases may be explicit and conscious, or implicit and automatic

# Health provider racial/ethnic bias

- Studies with health providers have shown pro-White bias among a range of health providers (Paradies et al 2014)
- Some associations with clinical decision-making, but not consistent (Hall et al 2015)
- Associations with measures of the health care encounter more consistent e.g. communication, outcomes of interactions (Maina et al 2017)
- Research has demonstrated that health providers have stereotypes about Māori patients (e.g. McCreanor and Nairn 2002; Johnstone & Read 2000; McLeod et al 2004; Penney et al 2011)

# Health provider racial/ethnic bias

- A recent study found racial/ethnic bias for NZ Europeans relative to Māori among medical students (Harris et al 2018)
- Associations with measures of clinical decision-making (in vignettes) were few (Harris et al 2018)

**Personal-level racial/ethnic bias is always within the context of societal racism**

# What can we do in the health sector?

## **Name racism** (Camara Jones)

- As a health determinant
- As a global public health issue

## **Ask “How is racism operating here?”** (Camara Jones)

- In our policies, processes, practices and structures
- In our organisations and interactions

## **Interrogate health systems and structures**

- Monitor and audit health services for racism
- Make healthcare environments conducive to anti-racist practice

# What can we do in the health sector?

## **Promote reflexivity and empathy**

- Reflect on assumptions and stereotypes
- Understand the contexts within which you work

## **Think critically about ‘ethnicity’ and Māori health**

- Challenge discourses that position ethnicity as the risk factor
- Shift our gaze onto the environments that create health risk for Māori
- Focus on the processes that make being Māori significant in relation to a particular health outcome (Garner 2010)

## **Promote and advocate for the right to be free from racism and all forms of discrimination**

# Acknowledgements

- Ricci Harris, James Stanley, Ruruhira Rameka, Sarah-Jane Paine
- *Funders:* Te Kete Hauora, Ministry of Health, HRC
- For studies using NZHS data, the Crown is the owner of the copyright of the data and the Ministry of Health is the funder of the data collection for the New Zealand Health Survey.

Special thanks to all the people who made and released these awesome resources for free:  
Presentation template by [SlidesCarnival](#)

# References

- Ahmed T, Mohammed S, Williams D. (2007). Racial discrimination & health: pathways & evidence. *Indian J Med Res*, 126: 318-327.
- Alhusen J, Bower K, Epstein E, Sharps P. (2016). Racial discrimination and adverse birth outcomes: an integrative review. *J Midwifery Womens Health*, 51(6): 707-720.
- Bécares L & Atatoa-Carr P. (2016). The association between maternal and partner experienced racial discrimination and prenatal perceived stress, prenatal and postnatal depression: findings from the growing up in New Zealand cohort study. *International Journal for Equity in Health*, 15(1):155.
- Burgess D. (2010). Are providers more likely to contribute to healthcare disparities under high levels of cognitive load? How features of the healthcare setting may lead to biases in medical decision making. *Med Decis Making*, 30(2): 246–257.
- Devine P, Forscher PS, Austin AJ, Cox WTL. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of Experimental Social Psychology*, 48: 1267–127.
- Giurgescu C, Zenk SN, Dancy BL, Park CG, Dieber W, Block R. (2012). Relationships among neighborhood environment, racial discrimination, psychological distress, and preterm birth in African American women. *Journal of Obstetric, Gynecologic & Neonatal Nursing*. 41(6).
- Hall W, Chapman M, Lee K, et al (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review. *American journal of public health*, 105(12), e60-e76.
- Harris RB, Cormack D, Tobias M, Yeh L-C, Talamaivao N, Minster J, Timutimu R. (2012a). The pervasive effects of racism: experiences of racial discrimination in New Zealand over time and associations with multiple health domains. *Social Science and Medicine* 74(3):408-415.
- Harris RB, Cormack D, Tobias M, Yeh L-C, Talamaivao N, Minster J, Timutimu R. (2012b). Self-reported experience of racial discrimination and health care use in New Zealand: results from the 2006/07 New Zealand Health Survey. *American Journal of Public Health* 102(5): 1012–1019.
- Harris R, Cormack D, Stanley J, Curtis E, Jones R, Lacey C. (2018). Ethnic bias and clinical decision-making among New Zealand medical students: an observational study. *BMC Medical Education*, 18(1).

# References

- Hobbs M, Morton S, Atatoa-Carr P, et al. (2017). Ethnic disparities in infectious disease hospitalisations in the first year of life in New Zealand. *Journal of Pediatrics and Child Health*, doi:10.1111/jpc.13377
- Johnstone K & Read R. (2000). Psychiatrists' recommendations for improving bicultural training and Māori mental health services: a New Zealand survey. *Australian and New Zealand Journal of Psychiatry*, 34(1): 135-145.
- Krieger N. (2000). 'Discrimination and health'. In Berkman L, Kawachi I (eds). *Social epidemiology*. Oxford: Oxford University Press: 36-75.
- Maina I, Belton T, Ginzberg S, Singh A, Johnson TJ. (2014). A decade of studying implicit racial/ethnic bias in healthcare providers using the implicit association test. *Social Science & Medicine*, 199: 219-229.
- Mays V, Cochran S, Barnes N. (2007). Race, Race-Based Discrimination, and Health Outcomes Among African Americans. *Annual Review of Psychology*, 58:201-225.
- McCleod et al (2004). 'Equity of access to elective surgery: reflections from NZ clinicians. *Journal of Health Services Research and Policy*, 9(suppl 2):41-47.
- McCreanor T, Nairn R. (2002). 'Tauīwi general practitioners' talk about Māori health: interpretive repertoires.' *New Zealand Medical Journal*, 115(1167).
- Ministry of Health. (2015). *Tatau Kahukura: Māori Health Chart Book 2015* (3rd ed.). Wellington: Ministry of Health.
- Paradies Y, Ben J, Denson N, et al. (2015). Racism as a determinant of health: a systematic review and meta-analysis. *PloS one*, 10(9), e0138511.
- Paradies, Y., Truong, M., & Priest, N. (2014). A systematic review of the extent and measurement of healthcare provider racism. *Journal of general internal medicine*, 29(2), 364-387.
- Penney, L., Moewaka Barnes, H., McCreanor, T. (2011). The Blame Game: constructions of Māori medical compliance. *Alternative: An International Journal of Indigenous Peoples*, 7(2).

# References

- PMMR. (2016). Tenth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2014. Wellington: Health Quality & Safety Commission.
- Robson, C. (2007). 'I cannot see what makes the difference except race': representations of Maori health 1880-1920. Unpublished MA thesis. University of Auckland.
- Thayer ZM & Kuzawa, C. (2015). Ethnic discrimination predicts poor self-rated health and cortisol in pregnancy: Insights from New Zealand. *Social Science & Medicine*, 128, 36-42.
- Van Dijk, T. (1993). *Elite discourse and racism*. Newbury Park, CA: Sage Publications.
- van Ryn M. 2016. Avoiding unintended bias: strategies for providing more equitable health care. *Minn Med*, 99(2): 40-43.
- van Ryn M, Burgess D, Dovidio J, Phelan S, et al. (2011). The impact of racism on clinician cognition, behavior, and clinical decision making. *Du Bois Review*, 8(1): 199-218.
- Van Ryn M & Fu S. (2003). Paved with good intentions: do public health and human service providers contribute to racial/ethnic disparities in health? *AJPH*, 93(2): 248-255.
- Williams D, Mohammed S. (2013). Racism and health I: pathways and scientific evidence. *American Behavioral Scientist*, 57(8), 1152-1173.
- Zestcott C, Blair I, Stone J. (2016). Examining the presence, consequences, and reduction of implicit bias in health care: a narrative review. *Group Processes Intergroup Relations*, Published online before print May 8, 2016, doi: 10.1177/1368430216642029